

AGENDA FOR THE MEETING OF THE COUNCIL OF GOVERNORS

13 July 2017, 6.00pm

(Governor registration and hospitality available between 5pm and 5.45pm)
 Holiday Inn, Scotch Corner Darlington, DL10 6NR

Agenda:

No		What we will talk about	Why are we talking about this	Lead Person	Supporting Paper / Spoken report
6.00 – 6.10 Standard Items					
1.	 	Welcome and apologies for absence.	<p>For information To make sure that we have enough Governors present to be quorate and introduce any new attendees.</p> <p>To advise of housekeeping arrangements.</p>	Lesley Bessant, Chairman 	Spoken
2.		Minutes of the meeting of the Council of Governors held 25 May 2017	<p>To agree To check and approve the minutes of this meeting.</p>	Lesley Bessant, Chairman	Attached
3.		Public Council of Governors' Action Log	<p>To discuss To update on any action items.</p>	Lesley Bessant, Chairman	Attached
4.		Declarations of Interest.	<p>To agree The opportunity for Governors to declare any interests with regard to any matter being discussed today.</p>	Lesley Bessant, Chairman	Spoken

No		What we will talk about	Why are we talking about this	Lead Person	Supporting Paper / Spoken report
5.	 	Chairman's activities	<p>For information To hear from the Chairman on what she has been doing since the last meeting.</p> <p>There will be an opportunity to ask any questions.</p>	Lesley Bessant, Chairman	Spoken
6.		Questions from Governors	<p>To discuss To consider any questions raised by Governors which are not covered elsewhere on the agenda. <i>(Governors are asked to provide the Trust Secretary with at least 24 hours written notice if they wish to receive a formal answer to their questions at the meeting.)</i></p>	Lesley Bessant, Chairman	Spoken
6.10pm – 6.15pm Governance Related Items					
7.		Lead Governor appointment	<p>To agree To agree the extension of the appointment of the Lead Governor</p>	Phil Bellas, Trust Secretary 	Spoken
6.15 – 6.20 Standing Committees					
8.		Service User and Carer Involvement Register	<p>To agree To consider a recommendation from the Involvement and Engagement Committee on the introduction of an Involvement Matrix</p>	Vanessa Wildon, Chairman Involvement and Engagement Committee	Attached

No		What we will talk about	Why are we talking about this	Lead Person	Supporting Paper / Spoken report
6.20 – 6.25 Procedural					
9.		<p>Date and Time of next meeting:</p> <p>Annual General and Members Meeting 19 July at 6pm</p> <p>Middlesbrough Football Club, Riverside Stadium, Middlesbrough, TS3 6RS</p>			Spoken
10.		<p><u>Confidential Motion</u></p> <p><i>“That representatives of the press and other members of the public be excluded from the remainder of this meeting on the grounds that the nature of the business to be transacted may involve the likely disclosure of confidential information as defined in Annex 9 to the Constitution as explained below:</i></p> <p><i>Information relating to a particular employee, former employee or applicant to become an employee of, or a particular office-holder, former office-holder or applicant to become an office-holder under, the Trust.</i></p> <p><i>Any terms proposed or to be proposed by or to the Trust in the course of negotiations for a contract for the acquisition or disposal of property or the supply of goods or services.</i></p>			

Lesley Bessant
Chairman

Contact: Phil Bellas, Trust Secretary Tel. 01325 55 2001/Email: p.bellas@nhs.net

5 July 2017

**MINUTES OF THE COUNCIL OF GOVERNORS MEETING HELD ON 25
MAY 2017, 6.00 PM AT HOLIDAY INN, SCOTCH CORNER,
DARLINGTON**

PRESENT:

Lesley Bessant (Chairman)
Lee Alexander (Durham County Council)
Cliff Allison (Durham)
Dr Martin Combs (York)
Hilary Dixon (Harrogate and Wetherby)
Dr John Drury (CCG representative for Hartlepool, Stockton on Tees and South Tees)
Gary Emerson (Stockton on Tees)
Chris Gibson (Harrogate and Wetherby)
Glenda Goodwin (Staff, Forensic)
Hazel Griffiths (Harrogate and Wetherby)
Dr Peter Harrison (York)
Anthony Heslop (Durham)
Simon Hughes (Staff, Teesside)
Gary Matfin (Staff, York and Selby)
Cllr Ann McCoy (Stockton Borough Council)
Keith Mollon (Durham)
Dr Lakkur Murthy (Durham)
Jean Rayment (Hartlepool)
Gillian Restall (Stockton on Tees)
Dr David Smart (CCG representative for Co Durham and Darlington)
Angela Stirk (Hambleton and Richmondshire)
Sarah Talbot-Landon (Durham)
Richard Thompson (Scarborough and Ryedale)
Judith Webster (Scarborough & Ryedale)
Vanessa Wildon (Redcar and Cleveland)

IN ATTENDANCE:

Colin Martin (Chief Executive)
Phil Bellas (Trust Secretary)
Angela Grant (Administrator)
Dr Hugh Griffiths (Non Executive Director)
Marcus Hawthorn (Non Executive Director)
Jennifer Illingworth (Director of Quality Governance)
David Jennings (Non Executive Director)
Wendy Johnson (Secretary)
Drew Kendall (Interim Director of Finance)
Brent Kilmurray (Chief Operating Officer)
Dr Nick Land (Medical Director)
David Levy (Director of Human Resources and Organisational Development)
Paul Murphy (Non Executive Director)
Kathryn Ord (Deputy Trust Secretary)
Sharon Pickering (Director of Planning, Performance and Communications)
Shirley Richardson (Non Executive Director)
Richard Simpson (Non Executive Director)
Jim Tucker (Deputy Chairman)

OBSERVING:

Mark Fletcher (Grant Thornton UK LLP)

17/20 APOLOGIES

Mary Booth (Middlesbrough)

Janice Clark (Durham)

Dr Nathaniel Drake (York)

Paul Emerson-Wardle (Stockton on Tees)

Claire Farrell (Redcar and Cleveland)

Elizabeth Forbes-Browne (Scarborough and Ryedale)

Betty Gibson (Durham)

Andrea Goldie (Darlington)

Marion Grieves (Teesside University)

Catherine Haigh (Middlesbrough)

Dennis Haithwaite (Darlington)

Prof Pali Hungin (Durham University)

Dr Judith Hurst (Staff, Corporate)

Kevin Kelly (Darlington Borough Council)

Cllr Ashley Mason (City of York)

Elizabeth Moody (Director of Nursing and Governance)

Wendy Pedley (Staff, North Yorkshire)

Lisa Pope (representative for North Yorkshire Clinical Commissioning Groups)

Zoe Sherry (Hartlepool)

Prof Angela Simpson (University of York)

Cllr Helen Swiers (North Yorkshire County Council)

Colin Wilkie (Hambleton & Richmondshire)

17/21 WELCOME

The Chairman opened the meeting and noted apologies. Mark Fletcher, Special Advisor of Grant Thornton LLP UK was in attendance to observe the meeting.

17/22 MINUTES OF PREVIOUS MEETINGS

The Council of Governors considered the minutes from the public meeting held on 23 February 2017.

Agreed – That the public minutes of the meeting held on 23 February 2017 be approved as a correct record and signed by the Chairman.

17/23 PUBLIC ACTION LOG

Consideration was given to the public action log.

Arising from the report:

- 1) Minute 16/84 – Auditors to attend a Governor Development Day
It was noted that the auditors attended the meeting on 5 April 2017.

Action closed

- 2) Minute 16/85 – Community Survey
This matter was due to be discussed under agenda item number 13.
Action closed
- 3) Minute 16/87 – Delayed discharges
The Council noted that a report was circulated on 14 March 2017.
Action closed
- 4) Minute 17/04 – Collaborative approach to access to welfare advice
Cllr McCoy advised that this matter had been raised with the CAB for Stockton and a response was awaited. Agreement to amend the date to July 2017.
Action carried forward
- 5) Minute 17/07 – Physical Health and well-being group
It was noted that the next meeting was planned for 26 June 2017. The matter of a patient/carer representative would be discussed at that time. Agreement to amend date to July 2017.
Action carried forward
- 6) Minute 17/07 – Report on Self Harm
It was noted that this had been considered by the Quality Assurance Committee on 4 May 2017. Arrangements would be made to circulate the report to Governors.
Action carried forward

17/24 DECLARATIONS OF INTEREST

Mr Cliff Allison declared an interest in item number 6, question 2 as he undertook sessional work on behalf of the Durham, Dales, Easington and Sedgefield Clinical Commissioning Group.

17/25 CHAIRMAN'S REPORT

The Chairman reported on her activities since February 2017. She had:

- 1) Presented Living the Values Awards to:
 - Staff members at the Friarage Hospital who were nominated by the family of a patient admitted over the Christmas period.
 - The Darlington Affective Disorder team.
 - Staff working on Ceddesfield Ward at Auckland Park Hospital. It was reassuring to see a stable, settled staff team.
- 2) Visited a number of locality management teams around the Trust as she felt it was vital to meet as many middle managers as possible.
- 3) Attended a conference with Elizabeth Moody, Director of Nursing and Governance on learning from deaths. She had been reassured that the Trust already had in place a lot of the good learning practices.
- 4) Participated in an interview panel for a new consultant for Older People's services in Durham and Darlington.
- 5) Held a number of meetings with Teesside University to collaborate on how the Trust could utilise the skills of students.

- 6) Attended a number of NHS Chairmen meetings where, as in previous meetings, the main topic of discussion was around the financial pressures that a number of NHS organisations were facing.

In response to a question, the Chairman confirmed that she, along with fellow Chairmen, had received a presentation on the work being undertaken around unexpected deaths within Learning Disabilities.

She added that she had a number of meetings scheduled over the coming weeks with Public Governors which she urged them to attend.

17/26 GOVERNOR QUESTIONS

1. Simon Hughes, Staff Governor Teesside

'A number of colleagues were concerned about the current difficulties parking at Roseberry Park. The car park was getting full earlier in the morning (often before 8.30) and fewer spaces appear to become available during the day. Staff based at Roseberry Park with community roles were finding themselves wasting time trying to get parked, staff who had childcare or carer commitments and can't get in early and work flexibly were feeling stressed with the current parking situation.

Was there a long term sustainable solution to this issue that reflects the increased numbers of staff who are based at Roseberry Park?'

Mr Kilmurray advised that the Trust had taken a number of steps to ease pressures on car parking at Roseberry Park including:

- 1) Extension of the issue of the 'red permit' scheme.
- 2) The employment of a car parking attendant to reduce the number of unauthorised users.
- 3) Considerations of how to use the Plaza area more creatively in terms of additional parking and whether changes around the car park layout could increase the number of available spaces.
- 4) Contractors parking moved to their own compound.

He welcomed any suggestions from staff or Governors in terms of further solutions to car parking management.

Governors, in response suggested:

- a) To move the motorcycle parking bay elsewhere – potentially 3 spaces could be made available.
- b) To consider use of the Tribunal parking for visitors when no Tribunals were scheduled.

2. Cliff Allison, Public Governor Durham

'Following concerns raised by members, can I ask:

1. *Why do we have a waiting time of around 2 years from referral to diagnosis for autism?*
2. *What was being done to address this issue?*

3. *What support was given to patients and their carers during this period?*
4. *Following diagnosis, what happens next?*

A full written response was provided by Mrs Pickering at the meeting. This can be found at Appendix A to these minutes.

In response to questions:

- 1) Mrs Pickering advised that the Trust was not aware of any concerns from the Clinical Commissioning Groups (CCGs) around the quality and provision of services provided by the Trust. The issue being faced was around the capacity of the Trust being able to meet the demand of referrals being received.
- 2) Mr Martin confirmed that monthly meetings were held with the Durham, Dales, Easington and Sedgefield CCG and that discussions had taken place around waiting times and the high demand of referrals. The Trust had developed a new autism strategy and work on the delivery of this was only just commencing.
- 3) Dr Smart added that an increase of 100% of referrals for any service was difficult to manage and requested whether there was any further analysis available around the quality of referrals being received by the Trust.

Mr Martin confirmed that there was further analysis available and the introduction of a single point of access for the Child and Adolescent Mental Health service had been able to streamline referrals received, but further work was still required.

- 4) Mrs Pickering agreed to provide more information in relation to the work of MAIN (a registered charity to provide advice and guidance to parents of children on the autism spectrum) in terms of the provision of a post diagnostic support service.

Action item – Mrs Pickering

3. Mary Booth, Public Governor Middlesbrough

‘How much money does the Trust spend on pharmaceuticals?’

The following information was circulated at the meeting, Mrs Booth had confirmed in her absence from the meeting that this fully answered her question.

Financial Year	Annual Expenditure on Drugs £000	Expenditure as % of Trust Turnover
2016/17	3,635.7	1.1%
2015/16	3,560.2	1.2%
2014/15	3,299.3	1.2%

Mr Kendall confirmed that the Trust was unable to report on the amount per patient head.

4. Judith Webster, Public Governor Scarborough and Ryedale

‘An article in the Daily Telegraph on 10th May 2017 reported a rise in mental health patients absconding. It was quoted that the Trust had reported a 64% rise. Can a report be provided on this and updated on a yearly basis broken into locality areas?’

Mrs Illingworth advised that:

- 1) The numbers reported within the press report were correct.
- 2) Roseberry Park and West Park Hospitals were seen as outliers in terms of higher than expected numbers.
- 3) Heads of Nursing had been tasked with looking for any trend or theme leading to the absconsion of patients.
- 4) Reporting an absconsion of a patient included:
 - Late return from authorised leave
 - Escorted leave absconsion
- 5) It was acknowledged that there were variances in how reporting was undertaken across NHS Trusts.
- 6) Consideration would be undertaken as to how best to report the absconsion of patients to Governors in the future.

Action Item – Mrs Illingworth

5. Judith Webster, Public Governor Scarborough and Ryedale

‘As a Governor I would like to know the results of PLACE inspections. As service users and carers put a lot of time and effort into these inspections it is only right that, as Governor, we can feed back to them about the work the Trust had done and intends to do regarding the issues raised?’

Mr Kilmurray responded that:

- 1) Governors, service users and carers were essential to the undertaking of PLACE inspections.
- 2) The result of the inspection was due to be published in August.
- 3) The Executive Management Team would receive a report as to the outcome of the inspections in October after which time the outcome would be shared with Governors and those involved in the inspection process.

Action item – Mr Kilmurray

6. Sarah Talbot-Landon – Public Governor Durham

‘For a second year running the CQC has published a ‘Safety’ rating of ‘Requires Improvement’, for TEWV. Please could you assure us of how the Trust would ensure a rating of ‘Good’ for the next CQC inspection.’

Mrs Illingworth responded advising:

- 1) That all reports had now been received from the CQC in relation to the inspection.
- 2) The domain for safe services was reported as requiring improvement.
- 3) The issues leading to this rating were varied with some around training of staff and the presentation of clinical rooms.
- 4) The Trust had, in response:
 - a) Submitted a detailed action plan to the CQC
 - b) Established a monthly CQC monitoring quality compliance group
- 5) That research of inspections of other mental health trusts had found that none had received a rating of outstanding for the safe services domain, 13 had been rated as good, 38 rated as requiring improvement with 5 rated as inadequate.

- 6) The action plan would be presented to the Council of Governors at its September meeting.

Action item – Mrs Illingworth

17/27 BOARD OF DIRECTORS FEEDBACK

Consideration was given to the Board of Directors roundup summaries from January 2017 to April 2017.

Agreed – The Council of Governors received and noted the content of the Board round up from January 2017 to April 2017 inclusive.

17/28 COMPOSITION OF THE COUNCIL OF GOVERNORS

Consideration was given to the report proposing a change to the composition of the Council of Governors as a result of the decision to transfer Durham University's School of Medicine, Pharmacy and Health to Newcastle University including:

- 1) The recommendation from the Board of Directors that Annex 4 to the Constitution be amended to provide a seat on the Council of Governors for the University of Newcastle.
- 2) That the University of Durham would remain as an identified partner and retain its seat due to the importance of links between the Trust and its psychology and medical geography departments.

Agreed – That the Council of Governors:

1. ***Approved the inclusion of the University of Newcastle as a partnership organisation.***
2. ***Approved the amendment to Annex 4 (Composition of the Council of Governors) of the Constitution to provide an Appointed Governor seat on the Council of Governors for Newcastle University***

17/29 ANNUAL CERTIFICATIONS

In line with the requirements of NHS Improvement the Council of Governors gave consideration to the annual self-certifications as declared by the Board of Directors.

Agreed – That the Council of Governors supported the Board of Director's position on the confirmation of the annual certifications:

1. ***The Annual Certificate of Compliance with Licence Condition 6.***
2. ***The Corporate Governance Statement (as required under Licence Condition FT4 (8)).***
3. ***The Certificate on the Training of Governors (as required in Section 151 of the Health and Social Care Act 2012).***
4. ***The Certificate on compliance with Condition CoS7 of the Licence.***

17/30 COMPLIANCE ACTIVITY RELATING TO THE CARE QUALITY COMMISSION (CQC)

The Council received and noted the report on compliance with the Care Quality Commission requirements including:

- 1) Confirmation that all inspection reports following the unannounced inspection of the Trust had now been received.
- 2) That the Trust had retained its overall rating of 'Good' from the CQC.
- 3) The submission of an action plan to address identified weaknesses to the CQC as a result of the unannounced inspection.
- 4) The latest position of the registration of the Trust with OfSted for Baysdale and Holly Unit where the final submission of documentation had been undertaken.
- 5) An update on inspections under the Mental Health Act.
- 6) Information around the following meetings / events:
 - Quality Compliance Group
 - Fundamental Standards

Agreed – The Council of Governors received and noted the report in relation to compliance with Care Quality Commission requirements.

17/31 SERVICE CHANGES

The Council received and noted the update report on service changes.

Agreed – The Council of Governors received and noted the service development update report.

17/32 QUALITY ACCOUNT

Mrs Pickering presented the final draft of the Trust's Quality Account 2016/17.

Arising from questions Mrs Pickering clarified:

- 1) That the Board of Directors and Audit Committee had considered the draft report and had no significant issues.
- 2) That the views of GPs were important to the Trust, however this had not been raised a quality priority area by key stakeholders and Governors. GPs were surveyed every 2 years and the outcome/ actions were reported to Governors. She agreed to check when this had last occurred.

Action item – Mrs Pickering

- 3) That in relation to the GP survey, each locality area did receive a copy of the results for their area and action plans were put in place to address any areas of concern.

The Chairman advised that one of the main issues for the Board of Directors in relation to the GP survey was who actually completed the survey and whether their views were representative. She thanked the Governors for their feedback in the development of the Quality Account and the Planning and Performance team for producing a well written and comprehensive report.

Agreed – The Council of Governors received and noted the final draft of the Quality Account 2016/17.

17/33 NATIONAL COMMUNITY MENTAL HEALTH SURVEY

The Council received and noted the results of the National Community Mental Health survey.

Mrs Illingworth reported that:

- 1) 58 providers had been surveyed.
- 2) A total of 13,000 responses had been received with 234 out of a sample of 800 responses on behalf of the Trust.
- 3) The survey covered 10 main categories which were rated as:
 - Same as other Trusts
 - Higher than other Trusts
 - Lower than other Trusts
- 4) The results demonstrated that the Trust was performing ‘about the same’ as other Trusts.
- 5) The Trust was unable to obtain any other data/analysis of the survey as this was governed by the CQC.

Arising from questions it was noted that:

- 1) The Trust was rated as the same as others Trusts in relation to support from others and peer support.
- 2) The implementation of Phase 2 of the Recovery Strategy would help improve the number of peer workers in the Trust.
- 3) There was still development required for the Trust to link into other networks particularly the voluntary sector.

Agreed – The Council of Governors received and noted the results of the National Community Mental Health survey.

17/34 PERFORMANCE DASHBOARD

The Council received and noted the Performance Dashboard report as at 31 March 2017 and the availability of the supporting information pack.

Arising from a question Mr Kendall confirmed that the cash profile at the end of the year was ahead of plan even though the trend over the last 3 months had been on a downward trajectory.

Agreed – That the Council of Governors received and noted the Performance Dashboard report as at end of March 2017.

17/35 FINANCE REPORT

Consideration was given to the finance report for the period up to 31 March 2017.

With regard to the areas covered in the report Mr Kendall advised that:

- 1) The Trust had delivered an end of year surplus of £12.1m.

- 2) An additional £7m had been received by the Trust as a result of the incentivised sustainability and transformation fund; this had increased the Trust's overall surplus to £19m

In response to questions:

- 1) Mr Kendall advised that the use of agency staff was to meet the need to deliver safe staffing, that this was in line with the tolerance levels within the Trust but that the main reason for agency staffing was for medical staff cover.

Mr Kilmurray added that there was a national shortage of medical staff and the recruitment of doctors and consultants continued to be a challenge for the Trust.

Mr Emerson congratulated the Trust on its financial position which was a result of effective and efficient management.

17/36 DEVELOPMENT PLAN

In presenting the report Mr. Bellas stated that its purpose was to sign off the end of year position on the Development Plan for 2016/17 and for the Council to approve its Development Plan for 2017/18.

In receiving the report the Council of Governors noted that:

- 1) All actions contained within the Development Plan for 2016/17 had been attained.
- 2) Overall the responses of the self-assessment had been very positive.
- 3) A workshop with Governors had been held on 5 April 2017 to consider the findings of the self-assessment and consider the key priority areas for development during 2017/18.
- 3) The action plan proposed for 2017/18 identified that the majority of key actions were already in process through the work of the Governor Task and Finish groups.

Agreed – That the Council of Governors:

1. ***Received and noted the report on the Governors' Development Plan.***
2. ***Approved the sign off of its Development Plan for 2016/2017.***
3. ***Approved the proposed Development Plan for 2017/18.***

17/37 COMMITTEE UPDATE

Ms Wildon updated the Council on the Work of the Involvement and Engagement Committee which last met on 16 May 2017 including:

- 1) There were no concerns relating to the current public or staff membership of the Trust and the target for 2016/17 had been achieved.
- 2) An update on the Quarter 4 involvement and engagement activity incorporating the result of the Involvement survey which gave a 95% satisfaction rate. There were no areas of concern.
- 3) Received the plans for the development of involvement categories/levels within the Trust.

- 4) Reviewed the latest Insight magazine and agreed the content of the Summer 2017 edition.
- 5) Governors had raised some concern around the feedback available to service users and carers as a result of participating in involvement activities.

Future Priorities for the Committee were agreed as:

- The recruitment of new members.
- To encourage representation on the Committee to ensure that Constituency areas had a direct representative.
- To continue monitoring the delivery of the Involvement and Engagement Framework and the scorecard.
- To receive a report on the introduction of involvement levels once the involvement matrix has been implemented.

Agreed – That the Council of Governors received and noted the update on the work of the Involvement and Engagement Committee.

17/38 TASK AND FINISH GROUP – Involvement

Mr Hughes advised Council that the first meeting of the task group had been held where:

- 1) The Terms of Reference had been agreed.
- 2) It had been identified that there was a need to understand where the gaps were in the Trust around involvement.

Agreed - That the update of the Task and Finish Group on Involvement was received and noted.

17/39 DATE AND TIME OF NEXT MEETING

The Chairman confirmed the next meeting would be held on 13 July 2017 at 6pm at Holiday Inn Scotch Corner, Darlington, DL10 6NR.

It was identified that there was a potential clash of meeting on this date for Governors which would be investigated and a solution found which would be communicated to Governors.

17/40 CONFIDENTIAL RESOLUTION

Agreed– that representatives of the press and other members of the public be excluded from the remainder of this meeting on the grounds that the nature of the business to be transacted may involve the likely disclosure of confidential information as defined in Annex 9 to the Constitution as explained below:

Information relating to the financial or business affairs of any particular person (other than the Trust).

Any advice received or information obtained from legal or financial advisors appointed by the Trust or action to be taken in connection with that advice or information.

The Chairman closed the public session of the meeting at 7.00pm

ITEM 6 GOVERNOR QUESTIONS

Question 2

Cliff Allison, Public Governor Durham

Following concerns raised by members, can I ask:

- 1. Why do we have a waiting time of around 2 years from referral to diagnosis for autism?*
- 2. What is being done to address this issue?*
- 3. What support is given to patients and their carers during this period?*
- 4. Following diagnosis, what happens next?*

Response

Adult Service

The commissioning of a specialist diagnostic service by commissioners varies across the Trust footprint as follows:

Durham, Darlington and Tees

TEVV currently provides a specialist autism assessment and diagnostic service via a specialist team which is commissioning by Durham and Tees CCG'S and is managed within the Tees Locality.

The pathway is that everyone who is referred to us has an initial mental health assessment with the Access Team and has a Lead Professional allocated (usually with Affective Disorders) while they are waiting for a specialist assessment - so they are not left without support. The specialist team provide feedback on the outcome of assessment and usually offer one follow up appointment after that. The person would then receive any mental health related interventions that are required from their Lead Professional or signposting to other services. MAIN is commissioned to provide post diagnostic support, however Local Authorities (LA's) also have a responsibility to provide a Care Act Assessment. Following assessment of need by the LA a personal budget can be allocated to allow the individual to purchase their own services to meet their care needs. We have recently appointed a senior social worker to the specialist team to work on improving access to social care assessment. The Specialist Team comprises of a Consultant Psychiatrist, Consultant Psychologist, Clinical Nurse Specialists, Speech & Language Therapist, Social Work and Secretarial support. The team is currently recruiting an Occupational Therapist. The specialist team provides supervision to team members within Access and Affective team and offers shadowing opportunities for staff to develop their skills to work with patients with Autism.

Currently the waiting times can be up to 16 months. There has been significant work undertake via our Quality improvement System to streamline processes both within the team and within the Access/Affective Disorder teams in Teesside and this has reduced this waiting time to 28 days in Tees. There is to be a discussion with the

Durham and Darlington Director of Operations on rolling the work from the RPIW out into Durham and Darlington.

North Yorkshire and York & Selby

The Trust is not commissioned to provide Adult Autism assessment and diagnostic services. This is commissioned from the Tuke Centre at the Retreat.

Children's Service.

Again the commissioning of a specialist assessment and diagnostic service by the CCGs covering the Trust footprint varies and therefore arrangements are quite different as set out below:

Durham and Darlington

The commissioners do commission a multi-agency assessment team (MAAT) which consists of staff from the Trust but also staff (paediatricians and speech and language therapists) from County Durham and Darlington Acute Hospitals Foundation Trust.

There are two routes that a child can be referred into the MAAT:

- 1) From the CYPS Single Point of Access (SPA) services within TEWV. This is the usual way that children access the MAAT. All referrals into the SPA are offered a telephone assessment within 24hrs and then will have a face to face assessment (where appropriate) within 28 days (Trust 4 week target). If ASD is suspected then the lead professional completes a further screening assessment which will include school observations etc. There will then be consultation with the ASD coordinator and if appropriate the patient will be placed on the ASD pathway. If there are co morbid mental health issues then the child will remain open to the CAMHS service and continue to be seen but if there is no comorbidity the referral to generic CAMHS is closed but opened for the ASD Co-ordinator.
- 2) Staff from the organisations involved in the MAAT can refer directly to the MAAT however this does not occur very often

Irrespective of how children access the MAAT they are all entitled to the core offer from children's services (LA), so are referred to One Point – this would include family support, and educational support.

Post diagnosis - TEWV offer a follow up after diagnosis and access to a parenting group. If the child has other Mental Health issues they will continue to receive services from the core CAMHS service. There is little specific ASD post diagnostic services commissioned and the LA is reviewing their offer. Again the Core offer from the LA would be on offer.

The waiting times are significant (2 years plus) across Durham and Darlington and this is due to the imbalance between capacity and demand. In particular there has been a significant increase in the number of referrals into the service for ASD diagnosis. Across D&D there has been a 127% increase in referrals from 2013/14 to 2016. (683 referrals in 2016 compared to 301 referrals in 13/14). The capacity issues are across the MAAT not just within the TEWV staff within the MAAT. For example there are real capacity issues in terms of availability of speech and language therapists from the acute Trust.

The Trust did receive some 'non recurrent' monies from NHSE in 2016/17 which we used to increase capacity into the MAAT and this has had some impact however this has now ceased. Furthermore we have undertaken some internal Quality improvement work to streamline the pathway and take out unnecessary steps to ensure we are using the capacity we have as efficiently as possible. We have also submitted 'bids' to commissioners requesting that there is increases in investment given the increase in demand that there has been. A paper is going to the joint commissioning group this month – as the LA is also doing a review of ASD.

Teesside

Within Tees the commissioners provide resources to fund an ASD Coordinator post in each Local Authority area however we are not commissioned to deliver the whole assessment process.

The assessment process for ASD is in two parts:

- **Stage 1** is delivered and fully resourced by CAMHS Primary Mental Health Workers (PMHWs) in the generic TEWV CAMHS service and aims to determine if the referral is appropriate for a specialist ASD assessment.
- **Stage 2** If a referral for assessment is appropriate the assessment will be undertaken by a registered clinician. TEWV have previously trained internal CAMHS staff members and external partners to deliver assessments to help meet the demand of rising numbers of referrals.

If a child has co morbid mental health issues they will continue to receive input from the CAMHS service to meet their mental health needs whilst waiting for the ASD assessment. If there is no comorbidity they will be held on the caseload of the ASD coordinator until the specialist assessment is complete and the diagnosis confirmed. Post diagnosis again if there are co morbid mental health issues the child will continue to receive input from the generic TEWV CAMHS service. However if there is no co morbid mental health issues then the child will be referred onto other services outwith TEWV for that support. (TEWV do try to provide some post diagnostic input such as family therapy but this is not commissioned.)

The waiting times within Teesside are also significant but does vary across the 4 boroughs within Teesside eg a child referred onto the ASD pathway now could wait between 6 months to over 2 years. This waiting time again is as a consequence of the demand outstripping the available capacity. Within Hartlepool and Stockton for example referrals have increased by 48% between 13/15 and 15/16. Whilst within South Tees referrals have been reasonably level in Redcar and Cleveland they are double that of Middlesbrough (even though the populations are similar) This is putting particular pressure on the Redcar and Cleveland service.

Within the contract with Tees it has been agreed to undertake a review (with commissioners) of the children's autism service to understand the pressures in the pathway for diagnosis and support following diagnosis of autism and develop commissioning plans accordingly

North Yorkshire

The Trust is not commissioned to provide an autism assessment and diagnostic service in North Yorkshire. This is commissioned from the Children's Development

Centres within paediatrics in the acute Trusts. We are asked to contribute psychiatric input into the diagnosis process as per NICE guidelines and we do this when requested.

We believe the waiting times within the Children's Development Centres are around one year and again this reflects that the referral rate is much higher than the expected levels for the populations.

If there are co morbid mental health problems children will receive assessment and treatment for their mental health issues from TEVW whilst they are waiting for their assessment for autism. This will continue post diagnosis if there are co morbid mental health problems.

York and Selby

In York and Selby TEVW is commissioned to provide Autism Assessment and Diagnosis and the process is similar to that in Durham and Darlington. Children would access the service through the Single Point of Access who would undertake an initial assessment. If autism was suspected then the generic CAMHS workers would undertake further assessment/gathering of information and then discuss this with the ASD coordinator. At this point the referral onto the Autism Pathway will be made. The generic CAMHS team will be available for support and advice to the families and schools etc whilst the child waits to start their assessment on the autism assessment.

The current waiting time from when a child is referred onto the Autism Pathway from CAMHS is on average 18 weeks. Again the level of referrals/demand is greater than expected and the whole CAMHS service has recently completed a capacity and demand analysis in order to identify where the gaps in capacity exist with a view to having further discussion both internally and with commissioners about how these gaps can be addressed.

As with Durham if the child has co morbid mental health issues they will remain open to the generic CAMHS service whilst they are waiting for the Autism assessment and diagnosis and post diagnosis.

FOR GENERAL RELEASE

COUNCIL OF GOVERNORS

DATE:	% `>i `m2017
TITLE:	Public Action Log
REPORT OF:	Phil Bellas, Trust Secretary
REPORT FOR:	Information / Assurance

This report supports the achievement of the following Strategic Goals:	✓
<i>To provide excellent services working with the individual users of our services and their families to promote recovery and wellbeing</i>	✓
<i>To continuously improve the quality and value of our work</i>	✓
<i>To recruit, develop and retain a skilled, compassionate and motivated workforce</i>	✓
<i>To have effective partnerships with local, national and international organisations for the benefit of the communities we serve</i>	✓
<i>To be recognised as an excellent and well governed Foundation Trust that makes best use of its resources for the benefit of the communities we serve.</i>	✓

Executive Summary:
<p>This report allows the Council of Governors to track progress on agreed actions.</p>

Recommendations:
<p>The Council of Governors is asked to receive and note this report.</p>

Council of Governors Action Log

Item 3

RAG Ratings:

	Action completed/Approval of documentation
	Action due/Matter due for consideration at the meeting.
	Action outstanding but no timescale set by the Council.
	Action outstanding and the timescale set by the Council having passed.
	Action superseded
	Date for completion of action not yet reached

Date	Minute No.	Action	Owner(s)	Timescale	Status
29/09/2016	16/56	To provide an update on the impact of the removal of student nurse bursaries.	Elizabeth Moody	November 17	
17/11/2016	16/82	To provide an update on the use of PARIS and impact on staff time and patient care.	Brent Kilmurray	November 17	
17/11/2016	16/84	To provide an annual report on the work and performance of the	Marcus Hawthorn	July 17	
23/02/2017	17/04	To discuss whether a collaborative approach could be provided to enable patients to access welfare advice. To raise this with the Director of CAB for Stockton.	Cllr Ann McCoy	May 2017 July 2017	
23/02/2017	17/07	To consider the appointment of a patient/carer representative on the physical health and well-being group.	Elizabeth Moody	July 2017	This matter will be discussed at the meeting of the group due to be held on 26/6/17
23/02/2017	17/07	To arrange for the presentation of the annual report on patient safety to a governor development day following consideration by QUAC.	Jennifer Illingworth	October 2017	
23/02/2017	17/12	To request an update on the work being done to raise awareness of self harm within the adult services. To circulate the report submitted to the Quality Assurance Committee.	Elizabeth Moody/Brent Kilmurray	June 2017	Completed Report circulated on 31/5/17

FOR GENERAL RELEASE

COUNCIL OF GOVERNORS

DATE:	13 July 2017
TITLE:	Service User and Carer Involvement Matrix
REPORT OF:	Vanessa Wildon, Chairman Involvement and Engagement Committee
REPORT FOR:	Approval

This report supports the achievement of the following Strategic Goals:	✓
<i>To provide excellent services working with the individual users of our services and their families to promote recovery and wellbeing</i>	✓
<i>To continuously improve the quality and value of our work</i>	✓
<i>To recruit, develop and retain a skilled, compassionate and motivated workforce</i>	✓
<i>To have effective partnerships with local, national and international organisations for the benefit of the communities we serve</i>	
<i>To be recognised as an excellent and well governed Foundation Trust that makes best use of its resources for the benefit of the communities we serve.</i>	✓

Executive Summary:

In order for the Involvement and Engagement Team to better support the involvement of service users and carers and to ensure that the right person is undertaking the right involvement activity which is meaningful to the individual and adds value to the Trust a matrix of involvement activities, the overarching categories and the required competence level has been developed. The introduction of this involvement matrix will allow the Trust to better profile the range of involvement activities on offer and allow a fairer more equitable approach to invite involvement members to participate.

The Involvement Working Group has consulted with a wide range of service user and carer groups and the Council of Governors' Involvement and Engagement Committee with the findings of the consultation reported to the Involvement and Engagement Committee who are now recommending this is approved by the Council of Governors.

Recommendations:

The Involvement and Engagement Committee is requesting that the Council of Governors approve the introduction of the service user and carer involvement matrix including the identification of categories of involvement, competence requirements and the training and support available.

MEETING OF:	Council of Governors
DATE:	13 July 2017
TITLE:	Service User and Carer Involvement Matrix

1. INTRODUCTION & PURPOSE:

- 1.1 The purpose of this report is to seek the approval of the Council of Governors for the introduction of an involvement matrix which identifies the main categories of involvement undertaken by service users and carers.
- 1.2 The involvement matrix also highlights the required skill, experience and knowledge required (as a minimum) to undertake the different types of involvement work within the Trust and the training and support that will be available to assist service users and carers further their involvement journey.

2. BACKGROUND INFORMATION AND CONTEXT:

- 2.1 The Trust has an Involvement and Engagement Framework (as approved by the Council of Governors on 17/11/15).
- 2.2 The criteria currently in place for service users and carers to undertake involvement activities within the Trust is that they should have close proximity to services (within 2 years as a service user or a carer of a person who has had contact with services provided by the Trust within the last 2 years. There are some exceptions to this on a case by case basis).
- 2.3 In 2016/17 the register of those service users and carers who signed up for involvement activities was in excess of 400 people. A bi-annual information governance requirement reduced this number to just fewer than 200 people at the end of March 2017 based on the criteria as described in 2.2 above and the individual's personal choice to continue to be involved.
- 2.4 To enable the Involvement and Engagement Team to effectively manage involvement of service users and carers by ensuring the right person is undertaking the right involvement activity for them in terms of ensuring that this is meaningful and rewarding for both the individual and also the Trust.
- 2.5 The introduction of the service user and carer Involvement Matrix will assist the facilitation of discussion with those new to involvement in the Trust and help with the identification of aspirations and allow the development of the individual involvement journey.

3. KEY ISSUES:

- 3.1 The knowledge about each individual registered for involvement is currently limited with details about what they wish to be involved/what they are experienced in and what they wish to be informed about.

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- 3.2 The expectations of those registered for involvement are consistently being raised as opportunities are sent to all persons registered for involvement as there currently is no way of clearly 'targeting' individuals with the right skills, knowledge, experience and aspiration to be involved in the particular opportunity on offer.
- 3.3 There is currently no development training offered by the team to prepare people for involvement other than signposting to the courses already running via Recovery Colleges, Leadership Programmes and other services such as Medical Education and Development, Hotel Services who run specific training for their involvement activities. The identification of skills and competences and the subsequent development of training and briefings on particular topics such as recruitment, meeting processes and induction will assist the involvement members to increase their involvement journey with the Trust.
- 3.4 In order to address the issues above, a working group consisting of 3 members of the Involvement and Engagement team and 8 service users and carers was established with the purpose of developing an involvement matrix.
- 3.5 The working group, in development of the involvement matrix, took into account their personal experiences which were far ranging and included the identification of:
- The types of activities undertaken
 - What the purpose of the involvement activity was to link to an overall category of involvement.
 - What skills, experience and knowledge was required as a minimum level to undertake that range of activities within the identified category.
 - What training/support/briefings could be developed to help individuals develop skills to undertake that activity if not already held?
- 3.6 A consultation process was held between 16 June and 21 June 2017 with discussions held with:
- York Carers Network
 - York Service User Involvement Group
 - Harrogate Service User Involvement Group
 - Phoenix Group in Hambleton and Richmondshire
 - Scarborough and Ryedale Service User Involvement Group
 - An open invitation for involvement members to attend a consultation in West Park Hospital in Darlington
 - Members of the Governor Involvement and Engagement Committee
 - Lead staff members within the Recovery Programme
- Service User and Carer members of the Involvement Group co-delivered the consultation sessions with the Involvement and Engagement Team.
- 3.7 The majority of comments received at the consultation sessions were very positive with key areas around:
- Better awareness of the range of involvement activities available

- A desire to undertake more training and development
- The need to have a more targeted and fairer selection process
- The need to reduce the perception of the 'same people undertaking involvement'
- A desire to be more open around support and development

Less positive comments were around:

- A desire that there should be no criteria and anyone should be able to get involved.

This was not supported by the Involvement Group as it was essential that anyone participating understood the purpose of the task and had knowledge and skills to enable effective contribution.

4. IMPLICATIONS:

- 4.1 **Compliance with the CQC Fundamental Standards:** Not applicable.
- 4.2 **Financial/Value for Money:** Involvement Members are entitled to claim an involvement fee (£20 for each and every 3 hours of involvement and reimbursement of expenses). It is important that the targeting of potential involvement members for activities is fair and equitable.
- 4.3 **Legal and Constitutional (including the NHS Constitution):** The introduction of the involvement matrix would support the Involvement and Engagement Framework delivery.
- 4.4 **Equality and Diversity:** The introduction of the involvement matrix would allow clarification and matching of involvement members to the identified categories so that only those members are targeted for the relevant activities. The development and support programme would provide a mechanism for involvement members to develop and participate in those categories in the future.
- 4.5 **Other implications:** None

5. RISKS:

- 5.1 The Involvement and Engagement Team would match involvement members to the categories based on the intelligence involvement and engagement team staff hold on individual members. However, to ensure that this is accurate it is proposed that a validation would be undertaken with each individual member to agree the categories that they have been matched to and to seek any training and/or development aspirations involvement members may have.

6. CONCLUSIONS:

- 6.1 The implementation of the involvement matrix would allow the Involvement and Engagement Team to have a mechanism to communicate the range of involvement activities available within the Trust, and what the competency requirements are for those activities.
- 6.2 When an involvement opportunity arises, a quicker, more streamlined direct approach can be made to the right people who are registered for involvement activities against that particular category.
- 6.3 The Involvement and Engagement Committee fully support the development of the Involvement Matrix and recommend the approval of this by the Council of Governors.

7. RECOMMENDATIONS

- 7.1 The Council of Governors is asked to approve the Involvement Matrix attached at Appendix A and for this to be implemented within the Involvement Membership Register for the Trust.

Vanessa Wildon
Chairman
Involvement and Engagement Committee

<p>Background Papers: Consultation presentation Involvement and Engagement Framework Results of Consultation held during June 2017</p>

Appendix A

INVOLVEMENT MATRIX

Proposed Category	Activity example	Required knowledge, skills or experience	Support available to achieve required knowledge, skills or experience
Introduction / Induction		<ul style="list-style-type: none"> Recent Experience of mental health services either as a service user or a carer 	<ul style="list-style-type: none"> Registration for involvement Introduction drop in session Understanding of Trust, what involvement is, values/ behaviours
Marketing/Trust Promotion	<ul style="list-style-type: none"> Awareness talks about involvement Opportunities for involvement & engagement promotion Video production Conference attendance /delivery 	<ul style="list-style-type: none"> Relevant criteria may apply to individuals with regard to knowledge of a service or diagnosis 	<ul style="list-style-type: none"> Shadowing Staff Support
Consultation Groups	<ul style="list-style-type: none"> Consultative Forums Focus Groups 	<ul style="list-style-type: none"> None Relevant criteria would apply to individual with regard to knowledge of a service or diagnosis 	<ul style="list-style-type: none"> Staff support/briefings at meetings
Personal Stories	<ul style="list-style-type: none"> Personal experience story (eg nurse/staff induction, training) Staff and external Training General awareness raising 	<ul style="list-style-type: none"> Expert by Experience for service users/adults Carer experience Knowledge of recovery values Experience talking about personal journey to a wide ranging audience 	<ul style="list-style-type: none"> Expert by Experience training Leadership Programme Staff support

Proposed Category	Activity example	Required knowledge, skills or experience	Support available to achieve required knowledge, skills or experience
<p>Governance Groups</p>	<ul style="list-style-type: none"> • LMGB (Locality Management Governance Board) • QUAGs (Quality Assurance Groups) • Board Committee's • Steering Groups • Formal Research Group • Service Development Groups 	<ul style="list-style-type: none"> • Good awareness of Trust business • Understanding of operational services • Understanding of the specific topic of any steering or research group • Awareness of formal meeting processes, chaired and attended by senior management 	<ul style="list-style-type: none"> • Briefing on meeting processes • Shadowing • Pre meeting with Chairman or appropriate member of group • Clarity on role undertaking (eg Terms of Reference) • Leadership programme • Staff support at meetings
<p>Working Groups and/or Task & Finish Groups</p>	<ul style="list-style-type: none"> • Examples: <ul style="list-style-type: none"> ○ Patient Experience Group ○ Drug and Therapeutic Committee ○ Patient Safety ○ Equality, Diversity and Human Rights ○ Spirituality ○ Health and Safety ○ Workforce • Development of new services (tenders and contracts) 	<ul style="list-style-type: none"> • Relevant criteria would apply with regard to knowledge of a service or diagnosis • Awareness of formal meeting processes 	<ul style="list-style-type: none"> • Briefing on meeting processes • Chairing meetings • Pre meeting with Chairman or appropriate member of group • Clarity on role undertaking • Staff support at meetings
<p>Quality/Service Improvement</p>	<ul style="list-style-type: none"> • RPIW (Rapid Process & Improvement Workshop) • RPDW (Rapid Pathway Development Workshop) • 3P events (Quality Improvement) • KAIZEN (Quality Improvement) • Local Service Improvement meetings/development groups • Survey design and delivery • Feedback mechanisms/networks/groups 	<ul style="list-style-type: none"> • None • Relevant criteria would apply to individual with regard to knowledge of a service or diagnosis 	<ul style="list-style-type: none"> • Pre briefing/awareness raising of role • Leadership programme

Proposed Category	Activity example	Required knowledge, skills or experience	Support available to achieve required knowledge, skills or experience
<p>Recruitment of Staff</p>	<ul style="list-style-type: none"> • Job Description development • Shortlisting • Interview panel member • Group/informal presentations feedback 	<ul style="list-style-type: none"> • Attendance at recruitment briefing/values based training • Experience of interview panel membership can be sufficient • Relevant criteria may apply to with regard to knowledge of a service or diagnosis 	<ul style="list-style-type: none"> • Awareness of Trust recruitment process (value based training/recruitment briefing session)
	<ul style="list-style-type: none"> • Centralised Recruitment • Meet and greet roles 	<ul style="list-style-type: none"> • For interview panels see above • None for meet and greet roles 	<ul style="list-style-type: none"> • Pre briefing / awareness raising of role • Staff support • Shadowing
<p>Inspections</p>	<ul style="list-style-type: none"> • PLACE • Fundamental Standards (CQC) • Mock CQC Inspections 	<ul style="list-style-type: none"> • None specific 	<ul style="list-style-type: none"> • PLACE Training • Member of the Fundamental Standards Group • Briefing of Inspection Standards
<p>Medical Education, Development & Recruitment Programme</p>	<ul style="list-style-type: none"> • Patient History Taking exercises • Assessment centres for doctors in training • Recruitment 	<ul style="list-style-type: none"> • Relevant recent (2yrs) experience 	<ul style="list-style-type: none"> • Medical Education Training • Leadership Programme

Proposed Category	Activity example	Required knowledge, skills or experience	Support available to achieve required knowledge, skills or experience
<p>Service User Led Developments</p>	<ul style="list-style-type: none"> • Safe Haven Project • Delivery of some training and development and content eg Recovery college 	<ul style="list-style-type: none"> • Relevant knowledge of subject • Awareness of strategic operations and approval mechanisms 	<ul style="list-style-type: none"> • Officer support usually project manager

- NOTE:
1. There is co-production through all activities
 2. Knowledge and experience is aimed at the lowest level
 3. This is not an exhaustive list of activities
 4. This is designed to aid the Involvement and Engagement Team work with service users and carers for the purpose of recording interest areas, development needs and to enable match involvement members to involvement activities